

OSCAR REPORT 3
HISTORY FACILITY PROFILE

EAST SIDE CTR PROVIDER #: 46G016 P FACILITY BEDS TYPE ACTION: RECERTIFICATION
642 SOUTH UNIVERSITY STREET PHONE NUMBER: (801) 582-2195 TOTAL: 16
SALT LAKE CITY UT 84102 PARTICIPATION DATE: 12/01/1986 CERTIFIED: 16 TYPE OWNERSHIP: PRIVATE PROPRIETARY
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/09/2003	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 16
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TOTAL: 16	BEGINNING: 12/01/2003	18 18/19 19 ICF/MR
MEDICARE: 0	ENDING: 11/30/2004	-- ----- --
MEDICAID: 0	EXTENSION:	16
OTHER: 0	ADMISSION SUSPENDED:	
	SUSPENSION RESCINDED:	

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY 12/2000	PRIOR 2 SURVEY 10/2001	PRIOR 1 SURVEY 11/2002	CURRENT SURVEY 07/09/2003	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
X					STD W0108-COMPLIANCE WITH SAFETY LAWS
X	X		X P	09/03/2003	STD W0109-COMPLIANCE WITH SANITATION LAWS
	X				STD W0149-MISTREATMENT, NEGLECT, ABUSE OF CLIENT PROHIBITED
		X			STD * W0189-EMPLOYEE TRAINING PROVIDED
	X				STD * W0249-ACTIVE TREATMENT PROGRAM IMPLEMENTED WHEN IPP FORMULATED
			X P	09/03/2003	STD W0262-COMMITTEE REVIEWS, APPROVES, MONITORS IPPS
		X			STD W0347-NON - LICENSED PERSONNEL SUPERVISED BY LICENSED PERSONS
		X			STD W0362-DRUG REGIMEN REVIEWED BY PHARMACIST AT LEAST QUARTERLY
	X	X			STD W0368-DRUGS ADMINISTERED IN ACCORDANCE WITH PHYSICIANS ORDERS
		X			STD W0383-ONLY AUTHORIZED PERSONS HAVE ACCESS TO KEYS
	X				STD W0390-OUTDATED DRUGS REMOVED FROM USE
	X				STD W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM
			X P	09/03/2003	STD * W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET
	X				STD W0472-FOOD SERVED IN APPROPRIATE QUANTITY
	X				STD W0478-MENUS PROVIDE VARIETY OF FOOD AT EACH MEAL

1985 PRIOR 3 SURVEY 12/2000	1985 PRIOR 2 SURVEY 10/2001	1985 PRIOR 1 SURVEY 11/2002	1985 CURRENT SURVEY 07/09/2003	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
X					K0016-FLOOR FINISH
X					K0029-HAZARDOUS AREAS - SEPARATION
X					K0051-FIRE ALARM SYSTEM
	X	X	X P	09/03/2003	K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0119-OTHER HAZARDOUS AREAS
	X		X P	09/03/2003	K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
STANDARD	3	5	8	2
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	1	1	0
HEALTH TOTAL	3	5	8	2
LIFE SAFETY CODE	2	2	2	3
LIFE SAFETY CODE + HEALTH	5	7	10	5

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
03/09/2000	UNSUBSTANTIATED
08/27/2001	UNSUBSTANTIATED
09/27/2001	UNSUBSTANTIATED
10/24/2002	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY